

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2013 SEP 27 AM 8: 50

## Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

	1. 1. 44 W. W. W. O.
The assumed business name which the under business is:  Salmon River Experience	
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name:  Name  Salmon River Experience Tro  CID 0147	f the entity or individual(s) doing  Complete Address  PO BOX 9145  MOXOW エンタ3843
3. The general type of business transacted unde  Retail Trade Transportation ar  Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Charles Boyd  PD Box 9145  Name and address for this acknowledgment copy is (if other than # 4 above):	
Signature:	Secretary of State use only
Printed Name: Charles C. Boyd	
Capacity/Title: Owner   president	
Signature:	
Printed Name:	IDAHO SECRETARY OF STATE 09/27/2013 05:00
Capacity/Title:	CK: 10589 CT: 188686 BH: 1391767 1 0 25.08 = 25.08 ASSUM MANE # 3